

# Drug Abuse Among Health Professionals

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**By: Raymond Snyder, Duquesne University Pharm.D Candidate, 2016**

***Continuing Education Activity Details:***

**Activity Type:** Knowledge-based

**Target Audience:** Pharmacists and Pharmacy technicians

**Cost:** Free for PPA members (not available to non-members)

**Contact Hours:** 0.25 (15 minutes) **CEUs:** 0.025

**UANs:** 0159-0000-15-089-H04-P  
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The Pennsylvania Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

To receive CE credit for this activity, participants must read the article in its entirety, complete an evaluation survey on the activity, and earn a grade of 70% or higher on a short exam

**At the completion of this activity the participant will be able to:**

- 1. Describe the prevalence of drug abuse among different healthcare professions with an emphasis on pharmacy**
- 2. Describe the consequences of drug diversion**
- 3. Describe the recovery programs available to pharmacists**

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As opioid and prescription drug abuse has been sweeping the nation on a pandemic scale, drug abuse has become an increasingly important issue. Healthcare professionals, especially pharmacists, can play a very important role educating patients who are prescribed medications with a high risk for abuse and addiction. However, we must not forget that the problem extends beyond that of the general public. We, as pharmacists and healthcare professionals, are not immune to substance abuse disorders.

Healthcare workers are known to have an equal rate of alcohol and illegal drug use as the general public. However, healthcare workers are far more likely to abuse prescription medications. It is estimated that approximately 10% to 15% of all healthcare professionals will misuse drugs or alcohol at some time during their career. Higher rates of abuse have been seen more frequently with benzodiazepines and opioid narcotics. Certain specialties such as

anesthesia, emergency medicine, and psychiatry have been found to have noticeably higher rates of substance abuse disorders when compared to other healthcare workers.

Any healthcare worker who has access to controlled substances is at risk for drug diversion and substance abuse. Physicians, anesthesiologists, surgeons, pharmacists, registered nurses, nurse anesthetists and dentists are among the most frequent abusers. Roughly 100,000 health professionals nationwide, many who are currently practicing, have a substance abuse disorder.

Healthcare professionals, like most people with substance use disorders, abuse drugs or alcohol to relieve stress and emotional or physical pain. In many cases, the abuse initially helps boost performance before gradually turning into dependence. Healthcare professionals are generally very intelligent individuals and for this reason, are very deceptive and skilled when hiding their abuse.

The prevalence of substance abuse disorders among healthcare professionals is not exactly known. This is mainly attributed to one large limitation, which is underreporting. Many times there is a lack of supervision. Healthcare professionals are often looked upon as the managers and leaders of their practices, with little oversight from anyone above them. Family members are often slow to confront an abuser for fear their loved one could lose employment, which could ultimately cause grave financial strain and hardship on the family. Colleagues are quick to look the other way. They see licensed professionals as someone to look up to, and in many instances, the professional is their boss and they fear repercussion if they speak out. Colleagues of equal standing often do not report the abuse and try to approach as a friend if at all.

Drug diversion can have serious legal and ethical ramifications. Diversion of controlled substances can result in fines and imprisonment, loss of employment, suspension of licensure, as well as harmful to a person's health, and even fatal. In addition to these consequences, there is also the concern of patient safety. When reflecting on the reasons for underreporting, many people are only concerned with the individual suffering from a substance abuse disorder. However, as healthcare professionals, we have an obligation and an oath to protect our patients. An unreported, impaired professional is not only putting their own safety at risk, but also that of their patients. One of the most widely known stories that shows the consequences of underreporting drug diversion is that of David Kwiatkowski. Kwiatkowski was an addicted surgical technician. He would inject himself with fentanyl syringes and refill the syringe with saline and place them back for patient use. Kwiatkowski was fired from multiple jobs, but was never properly reported to authorities. He continued to find work in healthcare and continue his addiction. It wasn't until several patients became ill with identical strains of Hepatitis C that he was caught. He is now serving 39 years in federal prison.

From 1998 to 2004, APhA conducted a survey on substance use disorder within the pharmacy profession. Pharmacists had rates as high as 11 to 15% as occasional or regular users of controlled substances without a prescription. This rate is slightly higher than general drug abuse among the public. There were three major links as to why rates among pharmacists are higher than the public. The first link was a desire to relieve stress. Increasing stress levels in pharmacies have caused higher rates of job dissatisfaction. In addition, those with a higher-level degree were more likely to feel dissatisfied and develop a substance use disorder. The second link was easy access. In certain cases it was found that individuals felt it was an unwritten perk of the job. In other cases, management would use a "code of silence," and sometimes even approve of the diversion. The third link was a lack of adequate addiction education in pharmacy schools. During the survey, student pharmacists reported recreational use of marijuana, cocaine, amphetamines, sedatives, and opioids. As drug experts, we feel we can be immune to things such as substance use disorders. The reality is that we may be more at risk than anyone else.

Recovery programs are the first step towards reclaiming your life and returning safely to practice. The Pharmacists Recovery Network provides help and support for pharmacists and pharmacy students seeking recovery. The S.A.R.P.H. Pharmacy Peer Assistance Program in Pennsylvania is another great resource for both pharmacists and students battling addiction. These programs can be instrumental in saving a person's career, and their life. To learn more about either program you can visit them online at [www.usaprn.org](http://www.usaprn.org) and [www.sarph.org](http://www.sarph.org).

## References

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